

FILED  
20 MAR 24 PM 1:05  
CLERK OF DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
E-filing ✓

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES of America }  
Plaintiff, }  
vs. }  
HARLANO STONECIPHER }  
PRE-PAID LEGAL }  
Defendant. }

CASE NO. 1474

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

SI

(PR)

I, VINCENT ROSENBAUM, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer: APPROX \$80-90 MONTH

Gross: APPROX \$20 week Net: APPROX \$20 week

Employer: NAPA STATE HOSPITAL

2100 NAPA VALLEY HIGHWAY NAPA, CA 94558

ALL FINANCIALS ESTIMATES

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes ☒ No ☐  
 10 self employment  
 11 b. Income from stocks, bonds, Yes ☐ No ☒  
 12 or royalties?  
 13 c. Rent payments? Yes ☐ No ☒  
 14 d. Pensions, annuities, or Yes ☐ No ☒  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes ☒ No ☐  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 1259 welfare Hospital  
 22 AUTHOR HOUSE PUBLISHING 3<sup>rd</sup> COPY OF BOOK

23 3. Are you married? Yes ☐ No ☒

24 Spouse's Full Name: \_\_\_\_\_

25 Spouse's Place of Employment: \_\_\_\_\_

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5 JDR (17)  
6 None At Present due to illegal incarceration

7 5. Do you own or are you buying a home? Yes \_\_\_ No ☒

8 Estimated Market Value: \$\_\_\_\_\_ Amount of Mortgage: \$\_\_\_\_\_

9 6. Do you own an automobile? (2) Yes ☒ No ☐

10 Make Subaru Year 92-93 Model Legacy

11 Is it financed? Yes \_\_\_\_\_ No ☒ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ 200

13 7. Do you have a bank account? Yes \_\_\_\_\_ No ✓ (Do not include account numbers.)

14 || Name(s) and address(es) of bank: \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_\_\_ No 2 Amount: \$ 10

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
19 market value.) Yes ☒ No ☐

20 PERSONAL PROPERTY Approx \$15,000

21 8. What are your monthly expenses?

22 Rent: \$ 2 Utilities: 2

23 Food: \$ 0 Clothing: 0

24 Charge Accounts:

25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
----	------------------------	------------------------	---------------------------------

26                      \$                      \$                     

27 11/11/11 \$ 11/11/11 \$ 11/11/11

28      \$ \_\_\_\_\_      \$ \_\_\_\_\_

ALL estimates

1 9. Do you have any other debts? (List current obligations, indicating amounts and to  
2 whom they are payable. Do not include account numbers.)

3 CREDIT CARDS Approx \$5-10,000

4 STUDENT LOANS Approx \$5-10,000

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
6 in other lawsuits? Yes ☒ No ☐

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
8 which they were filed.

9 NOT SURE ?

10

11 I consent to prison officials withdrawing from my trust account and paying to the court  
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
14 understand that a false statement herein may result in the dismissal of my claims.

15

16 3/19/08

17 DATE

Vincent Rosenbalm

SIGNATURE OF APPLICANT

18

19

20

21

22

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24

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27

28

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months  
[prisoner name]  
\_\_\_\_\_ where (s)he is confined.  
[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

PROOF OF MAIL Service 3/19/08

I am Vincent Rosenbalm an American citizen over 18 years of age

ON 3/19/08 I served the within

- 1) FORMA PAUPERIS Application
- 2) Attachment

By placing a sealed envelope in the Napa State Hospital Mail Addressed

U S DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO, CA 94102

From

Vincent Rosenbalm  
2100 Napa Valley Highway  
Napa, CA 94558

Under the Penalty of Perjury  
This is true and correct  
to the best of my knowledge.

Vincent Rosenbalm  
3/19/08



UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your complaint has been filed as civil case number

CV 08

1474

SI

A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

(PR)

Your complaint is deficient because you did not pay the filing fee and:

1. \_\_\_ you did not file an In Forma Pauperis Application.

2. ☒ the In Forma Pauperis Application you submitted is insufficient because:

☒ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

\_\_\_ Your In Forma Pauperis Application was not completed in its entirety.

\_\_\_ You did not sign your In Forma Pauperis Application.

☒ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

☒ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

\_\_\_ Other \_\_\_

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

**Warning: YOU MUST RESPOND TO THIS NOTICE.** If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,  
RICHARD W. WIEKING, Clerk,

By \_\_\_\_\_  
Deputy Clerk

ROSENBAUM

*Vincent Robertson  
2100 Napa Valley Highway  
Napa, CA 94558*

OAKLAND CA 946

20 MAR 2008 PM 3 T

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